istori (S) S	130	PATI	ENT APPLICA	TION FEE (RECORD			n or Docket N	
			CLAIMS	AS FILED - PART I			SMALL EN	MITY	OR	OTHER THAN SMALL ENTITY	
	U.S. NATIONAL STAGE FEES			(Cotumn 1	<u>, </u>	(Cotumn 2)	RATE	FEE	7	RATE	FEE
	BASIC FEE			SMALL ENT.	\$ 150 LA	RGE ENT. = 1 300	BASIC FEE	+	_	BASIC FEE	200
	EXAMINATION FEE			Satisfies PCT Artic	10 S3(1) Al	other situations =	EXAM FEE		1	EXAM FEE	200
	SEARCH FEE			(4) = \$50/\$ U.S. is ISA = \$50 ALL other count \$ 200 / \$ 40	7/\$ 100 At	\$ 100 / \$ 200 other situations = \$ 250 / \$ 500	SEARCH FEE	1	1	SEARCH FEE	HOL
	FEE FOR EXT. A SPEC. PGS.			minus		/50=	X \$ 125 =		1	X\$250=	
	TOTAL CHARGEABLE CLAIMS			# minu	s 20 =	-	X \$ 25 =		OR	X\$50=	
	INDEPENDEN LAIMS			/ min	us 3 =		X\$100=		OR	X\$200=	İ
- 1	MULTIPLE DE NOENT CLAIM PRE			ESENT			+\$ 180 =		OR	+\$ 360 =	
ı	* If the differ e in column 1 is I			less than zero, enter "0" in column 2			TOTAL		OR	TOTAL	900
11/20/18	AMENDARENTA	Total Independ FIRST	(Column 1) CLAIMS REMAINING AFTER AMENDMENT L SENTATION OF M	Minus *	(Column Z) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL RATE X \$ 25 = X \$ 100 = + \$ 180 = TOYAL ADDITIFIED	OR OR OR OR	X\$60 = X\$200 = +\$360 = TOTAL ADDIT.		
		T/_/Q	(Cottomy 1)		(Column 2)	(Column 3)	,	· · · · · · · · · · · · · · · · · · ·			
1	3AT 8		CLATAS REMACHING AFTER - AMENONEU/T		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE .	ADDI: TIONAL FEE
		Total	14	Minus	20	10	X\$25 a		OR	X\$60=	
	AMENDA	Indepen	. 2	Minus **	3	.0	X \$ 100 =		OR	X\$200 =	
		FIRST i.	JENTATION OF M	DETIPLE DEPEN	DENT CLAS	• . 🗆	+ \$ 180 =		OR	+ \$ 380 = YOYAL ADDIT.	
		Fite only in Fite 1901: Fite 1901: The 1901:			E is less from E is less from	787, enter "20". '3', enter "3".	FEE		OR	FEE	X
· L		70471 0	2000					45 4 4 4		DEPARTMENT OF	

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PATENT	APPLICATION	ON FEE	DETERN	TANIP	TON RE	:CO	RD.	1^	, .	/		t Number
	Effecti	ve Dece	mber 8, 2	2004				1	10/	91	219	21
	CLAIMS A					. 1	SMA	LL E	7.			
TOTAL CLAIMS		(Colur	nn 1).	(Co	lumn 2)	_	TYP	E		(DR SM	HER THA ALL ENTIT
FOR :		NUMBE	R FILED	4///	0.00 0000			ATE.	FEE		FRA	TE FE
TOTAL CHARGEA	BLE CLAIMS		·	NUM	BER EXTRA		BAS	C FEE	150.0)0. C	DR BASIC	FEE 300.
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MULTIPLE DEPEND		_	illius 3 E	~~~~~			XI	=00		o	R X20	0=
		•			<u> </u>	4	+18	00=	:	0	A +360)=
* If the difference is		•			olumri 2 ,		TO	TAL		01	R TOTA	AL .
	AIMS AS AI (Column 1)	MENDE	D - PART Columi				·		4974		ОТН	ER THAN
∢ l	CLAIMS		HIGHE	ST	(Column	٦.	SMX	LL E	ADDI:	이 기	SMA	LL ENTITY
Total	AFTER AMENDMENT		PREVIOU PAID FO	ISLY	PRESENT EXTRA		RAT	ET	IONAL	-	RATE	
Total	14	linus	27	5	=	7	X\$ 2		FEE	OR	X\$50	FEE
Independent *		Minus	*** 3		2:		X100		·	1	\ 	
FIRST PRESENT	ATION OF MUL	TIPLE DEF	ENDENT C	LAIM		1	+180		***************************************	OR	ļ	-
		,					101	AL -		OR	+360=	
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the entry in column 1 is the "Highest Number Pi	less than the entry	y in column :	2. write "O" in c	column	3 .	_+	180=		Oi	٦ 🛨	360=	
the "Highest Number Pr	reviously Falls For	18 CINT 111	ACE is less (han 20,	enter .*20,*	ADD	TOTAL OT. FEE		OF		TOTAL OIT. FEE	
	YOUSIY Paid For	(Total or Indi	ependent) is t	he high	est number f	ound i	h the app	ropriate	box in o	column	ı 1 ,	
TO-876 (Rev. 10/04)					Pa	atent a	nd Tradem	ark Office	, U.S. D	EPARTI	MENT OF C	OMMERCE

Application or Docket Number